

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1994

CLAIMS AS FILED - PART I

(Column 1)	(Column 2)	
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	10 minus 20 =	*
INDEPENDENT CLAIMS	3 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
RATE	FEE	RATE	FEE
	365.00		730.00
x\$11=		x\$22=	
x38=		x76=	
+120=	120	+240=	
TOTAL	485	TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x38=		x76=	
+120=		+240=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x38=		x76=	
+120=		+240=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x38=		x76=	
+120=		+240=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/19/95 2 Serial/Patent # 08/486536

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing		<u>10-1-95</u>	\$ 33.00
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$

	7 TOTAL AMOUNT OF REFUND	<u>\$ 33.00</u>
8 TO BE REFUNDED BY:		

10 REASON:	Treasury Check							
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:							
<input type="checkbox"/> Duplicate Payment	9 <table border="1"><tr><td>1</td><td>2</td><td>--</td><td>2</td><td>4</td><td>7</td><td>5</td></tr></table>	1	2	--	2	4	7	5
1	2	--	2	4	7	5		
No Fee Due (Explanation):								

11 REFUND REQUESTED BY:	TYPED/PRINTED NAME: <u>Graig N. Duckett</u>	TITLE: <u>Examiner</u>
SIGNATURE: <u>Graig N. Duckett</u>		PHONE: <u>308-0919</u>
OFFICE: <u>Publication Branch</u>	*****	
THIS SPACE RESERVED FOR FINANCE USE ONLY:		
APPROVED: <u>Stephens (Signature)</u>	DATE: <u>8/11/95</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B